

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

1003 -62-020558
STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4837

FILED JUN 7 1962

VS 300
Rev. 4/59

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

| | | | |
|--|---|--|---|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis | | c. CITY OR TOWN St. Louis | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION City Hospital-D.O.A. | | d. STREET ADDRESS (If outside, give location) 1819 Geyer Ave. (Rear) | |
| 3. NAME OF DECEASED (Type or print) First Middle Last SHELBY E. JAMES | | 4. DATE OF DEATH Month Day Year May 11 1962 | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/> | 8. DATE OF BIRTH 7-2-1909 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Factory Worker-Southern | | 10b. KIND OF BUSINESS OR INDUSTRY Equipment Co. | 11. BIRTHPLACE (City and state or country) Lutesville, Mo. |
| 13a. FATHER'S NAME Noah James | | 13b. MOTHER'S MAIDEN NAME Holly Eaker | 14. NAME OF HUSBAND OR WIFE Irene James |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None | | 16. SOCIAL SECURITY NO. [REDACTED] | |
| 18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Bronchogenic carcinoma</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>162.1</u> DUE TO (c) | | INTERVAL BETWEEN ONSET AND DEATH 4 mo | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | |
| 20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 20f. CITY, TOWN, OR LOCATION COUNTY STATE | |
| 21. I attended the deceased from <u>March 1962</u> to <u>May 1962</u> and last saw him alive on <u>May 10, 1962</u> Death occurred at <u>8:30 A.</u> m on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) <u>Barnett L. Taussig MD</u> | | 22b. ADDRESS <u>1641 S. Kingshighway</u> | |
| 22c. DATE SIGNED <u>6/2/62</u> | | 23. LOCATION (City, town, or county) (State) <u>Lutesville, Mo.</u> | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal (Mtr)</u> | 23b. DATE <u>May 12, 1962</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Lutesville, Mo.</u> | |
| 24. FUNERAL DIRECTOR ADDRESS <u>Kriegshauser 4228 S. Kingshighway Blvd.</u> | | 25. DATE RECD. BY LOCAL REG. <u>May 12, 1962</u> | |
| 26. REGISTRAR'S SIGNATURE <u>Roan Smith, M.D.</u> | | | |

USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed P.W. Storrison

Licensed Embalmer No. 4007

P. O. Address St. Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.